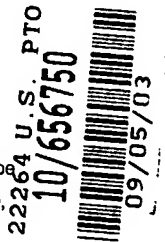


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **J hns n E. G de et al.**
TITLE: **DEFLECTABLE MEDICAL THERAPY DELIVERY DEVICE HAVING COMMON LUMEN PROFILE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 972 055 US, on this 5th day of September, 2003.



MOLLY CHLEBECK
Printed Name
Molly Chlebeck
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ **Patent Application Transmittal**
- ☒ **Specification:**
Total pages: 27 (including claims and abstract: Spec. 18 sheets; Claims 8 sheets; Abstract 1)
- ☒ **Drawings:**
Total sheets: 15
☐ formal ☒ informal
- ☒ **Combined Declaration and Power of Attorney:**
☒ executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- ☒ **Accompanying application parts:**
☐ Notification of filing a
☒ Assignment of the Invention to Medtronic, Inc.
☒ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of applicati n Serial No. , filed , n w allowed.--
- ☐ Cancel in this applicati n original claims ____ f the prior application before calculating th filing fee. (At least th original independent claim must be r tain d f r filing purposes.)
- ☐ The prior application is assigned of rec rd t Medtr nic, Inc.
- ☐ The P wer f Att rney in the prior applicati n is to: __.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

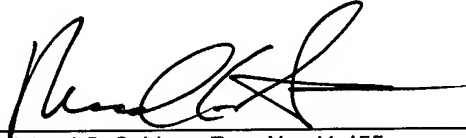
☒ Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455
Telephone: (763) 514-4842
No. 27,581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	39	20	= 19	x 18	\$342.00
Independent Claims	2	3	= 0	x 84	\$0.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$750.00
TOTAL					\$1,092.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$1,092.00** (\$342.00 for the extra claims fee and \$750.00 for the filing fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

September 5, 2013
Date



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